East Central Alberta Catholic Separate Schools
School Name
Address
Phone / Fax Number

AUTHORIZATION TO RELEASE STUDENT RECORDS

Attention: Principal
Student's Previous School
Address
City / Town / Village , Province
Postal Code

Fax: Previous School's Fax Number

The following student has recently registered at _____(Name of School).

Name of Student	Grade	Birth Date	Alberta Learning ID #

Please forward the student record for this student to the address above, as soon as possible. Please include academic history, grant coding, assessment information, and any other pertinent information about the student, as well as health (physical / psychological) information necessary for our school to provide appropriate programming.

Note that Section 2(1) of the *Student Record Regulation* for the Province of Alberta stipulates the information required to be included on the student record. Section 2(6)(b) further permits the release of personal information related to the student where by inclusion of the information would "be necessary to ensure the safety of students and staff." **Please contact me directly by telephone at (phone number) to advise if the student is considered to be at risk or requires additional supports.**

Section 6(1) of the *Student Record Regulation* provides for the transfer of student records, specifically, "the board from which the student transfers shall, on receipt of a written request from that school, send the student record…" If you have any questions regarding this request, please direct them to the undersigned.

Principal's Signature:_____ Date:_____